Inland Empire Health Plan
835

EDI Enrollment Instructions:

- The billing provider must have an EDIinsight customer account.
- SAVE this document to your computer.
- OPEN the file in the Adobe Reader program and type directly onto the form.
- COMPLETE the form using the provider's billing/group information as credentialed with payer.
- PRINT and SCAN or SAVE the signed form to your PC so that you may submit the form to the EDIinsight Enrollment Team using EDIinsight Enrollment Manager.
- ERA enrollment processing timeframe is approximately 30 days.
- Support Vendors may contact the EDIinsight Enrollment Team to follow up on the ERA setup request. Or email the payer at EDISpecialist@iehp.org.

835 Electronic Remittance Advice:

Complete and submit this form using the billing provider's group information.

1. **Hill Physicians Enrollment Form for 835 Remittance via Office Ally (2 pages)**
   Complete the 'Provider Contact Information' section on Page 1.
   Check your 'Preference for Data Aggregation' where indicated on Page 1.
   Check your 'Reason for Submission' on Page 2.
   Provider or Authorized Individual must print name, title, date, and sign under the 'Authorized Signature' section on Page 2.
   Complete the 'Consent to Access Remittance Advice (RA) via IEHP Provider Website Only' section on Page 2.
2. **Office Ally ERA Linkage Form (1 page)**
   Complete the Provider Contact Information fields under the 'Provider Information' section.
   Enter the Effective Date for the enrollment under the 'Receiver Information' section.

Submit to EDIinsight Enrollment Team:

Within EDIinsight - Enrollment Manager:
GO TO or **[ADD Payer Enrollment] record** for this payer.
SELECT record, CLICK **[ATTACH File]** to attach all pages of the completed payer form.
IF prompted, asking if you want to Submit the request, CLICK **[Yes]** -Or- CLICK **[SUBMIT Enrollment]**
ENTER any notes (optional)
CLICK to **"Save and Exit"** notes' window.

ERA (835) Enrollment Form

A Public Entity

Complete the form and email it to: EDI835@iehp.org

Type of Electronic Submission ☐ **835/ERA** ☐ **Web Portal** ☐ **Both**

Provider Information

Provider Name _____ Doing Business As (DBA, if Applicable) _____

Provider Physical Address _____

City _____ State _____ Zip Code _____

Provider Identifiers Information

Provider Federal Tax Identification Number (TIN) _____ or Employer Identification Number (EIN) _____

National Provider Identifier (NPI) _____
(Group NPI, if applicable)

Other Identifiers

Trading Partner Identifier (ID) _____

Provider Contact Information

Provider Contact Name _____ Title _____

Telephone Number with Extension _____ Email Address _____ Fax Number _____

Preference for Aggregation of Remittance Data (e.g. Account Number Linkage to Provider Identifier)
(Must match EFT Preference)

☐ Provider Tax Identification Number _____

☐ National Provider Identifier _____

Method of 835Retrieval: ☐ From health plan ☐ Download from health plan website ■ From clearinghouse

Electronic Remittance Advice Clearinghouse Information

Clearinghouse Name: Office Ally

Telephone Number: 360-975-7000 Option 1

Email Address: Support@officeally.com

Reason for Submission

☐ New Enrollment ☐ Change Enrollment ☐ Cancel Enrollment

Authorized Signature

Electronic/Written Signature of Person Submitting Enrollment	Printed Title of Person Submitting Enrollment
Submission Date	Requested ERA Effective Date

Consent to Access Remittance Advice (RA) via IEHP Provider Website Only

IEHP's goal is to provide our Trading Partners with a convenient method of receiving the remittance advice (RA). We are requesting your consent to discontinue mailing paper RAs. After your authorization is received, you will obtain access to your RA through the IEHP secure website, **www.iehp.org** To view your RA on the secure provider website, you must have access to the internet as well as the current version of Adobe Acrobat Reader. Our Trading Partner's security is important. Only contracted partners with upgraded web security will be able to access RAs online. If your security has not been upgraded, you may do so by following the directions on our website or calling the IEHP Provider Relations Team at (909) 890-2054.

Provider Name	Tax Identification Number (TIN)

I _____ (print name and title) authorize IEHP to discontinue mailing the paper Remittance Advice (RA) and agree to access IEHP Claims RAs online only.

Signature	Date

Updated: August 2024

Office Ally

ERA LINKAGE FORM

PROVIDER INFORMATION

Provider Name:

Provider Tax ID:

Provider NPI:

Provider Contact Name:

Provider Contact Email:

Provider Contact Phone:

RECEIVER INFORMATION

OA Username: pinsight

Clearinghouse Name: Practice Insight

Effective Date:

Note: Effective Date may not be more than two weeks prior to the submission date of this form.

PAYER INFORMATION

ERA Linkage will be applied to **all payers** based on the **Provider's NPI, Tax ID** and Receiver information.

FORM SUBMISSION INSTRUCTIONS

For ERA Enrollment Forms NOT sent to Office Ally or for payers without ERA Enrollment: Submit the ERA Linkage Form to **ERALinkage@OfficeAlly.com**.